

Case Number:	CM15-0206339		
Date Assigned:	10/23/2015	Date of Injury:	03/28/2007
Decision Date:	12/09/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 31 year old male, who sustained an industrial injury on 3-28-07. The injured worker was diagnosed as having traumatic brain injury resulting in multiple orthopedic injuries and post-concussive head syndrome, asthma, obstructive sleep apnea, depression, and anxiety. Treatment to date has included left shoulder arthroscopy in 2012, physical therapy, and medication including Wellbutrin, Ambien Terocin cream, Terocin patch, Xopenex inhaler, Neurontin, Hydrocodone, Flector patches, and Fiorinal. On 9-22-15, the injured worker complained of left shoulder pain and cognitive difficulties. The treating physician requested authorization for a medication dispensing service, a home health care nurse assessment, and a CPAP evaluation. On 10-6-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medication dispensing service: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Physician-dispensed drugs.

Decision rationale: The patient presents on 09/22/15 with continued post-operative residual pain and stiffness in the left shoulder. The patient's date of injury is 03/28/07. Patient is status post left shoulder arthroscopic surgery on 02/04/15. The request is for medication dispensing service. The RFA is dated 09/22/15. Physical examination dated 09/22/15 reveals well-healed surgical scars in the left shoulder, with tenderness to palpation over the left AC joint, supraspinatus tendon, and subacromial region. Range of motion of the left shoulder is 160 degrees on flexion, 39 degrees on extension, 155 degrees on abduction, 33 degrees on adduction, 69 degrees on internal rotation, and 70 degrees on external rotation with grade 4/5 muscle weakness noted. The patient is currently prescribed Gabapentin, Norco, Librax, Losartan, Xopenex HFA, and an unspecified aerosol medication. Patient is currently classified as temporarily totally disabled. While ODG and MTUS do not address this particular service, Official Disability Guidelines, Pain Chapter, under Physician-dispensed drugs has the following: Not generally recommended over pharmacy dispensing due to higher costs and worse outcomes in workers' comp. Physician dispensing is the process of distributing pre-packaged medications directly to patients at the point of care and is generally recommended only for the initial visit to provide patients with medications for acute injuries. According to some, the patient may prefer physician-dispensed drugs because of convenience. Physician-dispensing may create financial incentives that affect the use of compound drugs and other medications, due primarily to fee schedule ambiguities. In addition, physician-dispensed drugs typically do not go through the pharmacy benefit management companies (PBMs) but are submitted directly to the payer. Physician dispensing has been found to be associated with higher costs and more lost time than pharmacy-dispensed medications. In regard to the request for a [REDACTED] medication dispensing service, such services are not supported by guidelines and it is not clear why lower-cost traditional compartmentalized medication organizers are insufficient for this patient. Progress note dated 09/22/15 has the following regarding this request: "Request authorization for [REDACTED] medication dispensing service, as the patient is having difficulty remembering if and when medications are taken." Per neuropsychological AME dated 07/29/15, this patient continues to experience impaired to borderline-impaired mental function in attention, processing, working memory, semantic fluency, verbal memory, fine motor speed, selective response inhibition, and cognitive flexibility. Per this evaluation, it is also stated that this patient is largely independent with his activities of daily living, though he does receive help with daily planning, meals, and bills from his mother. While the patient does present with some indicators of cognitive impairment, these appear to be mild in nature, and it is stated that this patient continues to drive on a limited basis and remains capable of performing many cognitive tasks at normal levels. It is not clear why this patient is unable to utilize a traditional compartmentalized medication organizers to ensure that his medication regimen is appropriate, or why this patient's current support network is incapable of providing assistance with such tasks. Without evidence of significant cognitive decline, the lack of an existing support network, or a rationale as to why this patient is unable to obtain and utilize a standard compartmentalized medication organizer, the requested dispensing service cannot be substantiated. Therefore, the request IS NOT medically necessary.

Home health care nurse assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The patient presents on 09/22/15 with continued post-operative residual pain and stiffness in the left shoulder. The patient's date of injury is 03/28/07. Patient is status post left shoulder arthroscopic surgery on 02/04/15. The request is for home health care nurse assessment. The RFA is dated 09/22/15. Physical examination dated 09/22/15 reveals well-healed surgical scars in the left shoulder, with tenderness to palpation over the left AC joint, supraspinatus tendon, and subacromial region. Range of motion of the left shoulder is 160 degrees on flexion, 39 degrees on extension, 155 degrees on abduction, 33 degrees on adduction, 69 degrees on internal rotation, and 70 degrees on external rotation with grade 4/5 muscle weakness noted. The patient is currently prescribed Gabapentin, Norco, Librax, Losartan, Xopenex HFA, and an unspecified aerosol medication. Patient is currently classified as temporarily totally disabled. MTUS Guidelines, Home Service Section, page 51, states, "Recommended only for otherwise recommended medical treatments for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." In regard to the request for a home health aide to assist this patient with activities of daily living, such services are not medical in nature and not supported by guidelines. The progress note associated with this request, dated 09/22/15, has the following regarding this request: "Pending authorization for home care nurse case assessment for home care help." MTUS guidelines support home health aide for patients whose medical care requires a professionally trained assistant, though MTUS does not consider home-care for activities of daily living a medical treatment. Furthermore, per neuropsychological AME dated 07/29/15, this patient is able to perform many of his activities of daily living independently, and receives help from his support network for those tasks he is not able to carry out himself. There is no discussion that the anticipated in-home care for this patient is purely medical in nature, and therefore an evaluation for home-health care cannot be substantiated. The request IS NOT medically necessary.

CPAP evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOE Practice Guidelines , Second Edition (2004) Chapter 7 page 127; Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015 Head Chapter, Sleep Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic) Chapter, under Noninvasive positive pressure ventilation.

Decision rationale: The patient presents on 09/22/15 with continued post-operative residual pain and stiffness in the left shoulder. The patient's date of injury is 03/28/07. Patient is status post left shoulder arthroscopic surgery on 02/04/15. The request is for CPAP Evaluation. The RFA is dated 09/22/15. Physical examination dated 09/22/15 reveals well-healed surgical scars in the left shoulder, with tenderness to palpation over the left AC joint, supraspinatus tendon, and subacromial region. Range of motion of the left shoulder is 160 degrees on flexion, 39 degrees on extension, 155 degrees on abduction, 33 degrees on adduction, 69 degrees on internal rotation, and 70 degrees on external rotation with grade 4/5 muscle weakness noted. The patient is currently prescribed Gabapentin, Norco, Librax, Losartan, Xopenex HFA, and an unspecified aerosol medication. Patient is currently classified as temporarily totally disabled. ODG-TWC Guidelines, Pulmonary (Acute & Chronic) Chapter, under Noninvasive positive pressure ventilation (NPPV) Section states, Recommend as indicated. Of value in resting the respiratory muscles in patients with COPD and ventilatory failure and may be useful as an adjunct in patients with severe COPD as part of a pulmonary rehabilitation program. (Ries, 2007) Of value in acute exacerbations of COPD but not recommended in the stable patient, with or without CO2 retention. In these patients, there is no effect on dyspnea, exercise tolerance, arterial blood gases, respiratory muscle strength, or quality of life. In regard to the request for a CPAP evaluation, the treater has not provided a reason for the request. The progress note associated with this request, dated 09/22/15 does not include any discussion regarding this patient's sleep or respiratory complaints, and specifically indicates a lack of respiratory symptoms. Per neuropsychological AME dated 07/29/15, this patient has already undergone polysomnography studies, with evidence of "mild obstructive sleep hypopnea with moderate disease during REM sleep, light to loud snoring, and moderate oxygen desaturations." It is not clear why this patient would require an independent CPAP study in addition to the polysomnography already performed, or why CPAP is necessary for his otherwise mild hypopnea. Without evidence of an existing pulmonary condition, or discussion as to why this patient requires CPAP for his otherwise mild sleep hypopnea, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.